

Virtual Interviews for Nephrology Fellowship Candidates

The Good, the Bad, and the Future

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Introduction

The coronavirus disease 2019 pandemic forced virtual adaptations to social distancing guidelines, including transitions to virtual medical education, conferences, patient care, and even socialization. As the nephrology fellowship recruitment season approached in 2020, training programs across the country faced the dilemma of how to recruit candidates without meeting in person or physically showcasing their institutions. Nephrology programs have faced significant recruitment challenges in recent years—with only 37% of training tracks filling for the 2020 academic year and 68% of candidates applying to other subspecialty programs. Here, we describe our experience with virtual recruitment of nephrology fellowship candidates, discuss benefits and challenges of this approach, and propose suggestions to optimize the virtual interview process.

A Transition from In-Person to Virtual

Across the United States, there was a 52% increase in all fellowship applicants and a 25% increase in nephrology fellowship applications for the 2021 academic year compared with 2020, presumably due to the ease of applications and lower cost of virtual interviews. This increase not only led to added challenges of screening higher numbers of applicants, but also pushed fellowship programs to interview more candidates. Although data across subspecialties are not yet available, it is likely that candidates applied more widely with respect to specialties and geography given the relative ease of virtual interviews. Although virtual interviews provide an opportunity for applicants to learn about programs in locations that they may not have considered in person, interviewers and programs were simultaneously faced with the challenge of discerning the likelihood that applicants would be willing to relocate. In an already competitive recruitment environment, nephrology programs likely interviewed more applicants to increase the chances of a successful match. Our approach to virtual recruitment was to replicate as best as possible the in-person experience—including exposure to faculty, fellows, and our institution's culture. A webinar hosted by the University of Arizona served as a helpful preparation guide (1).

Prior to the interview day, applicants received an online brochure with program information, including curriculum, postgraduation outcomes, mentorship, research, and clinical training opportunities. Online content, including brochures and videos, has been shown to be an important factor in an applicant's decision to apply to a training program (2,3), but production can be time consuming and costly.

Applicants were invited to a half-day virtual experience on either weekdays or Saturdays *via* the videoconferencing software (VCS) Zoom (Zoom Video Communications) and scheduled for 20-minute interviews with four faculty members. Other VCS options include Microsoft Teams, BlueJeans, Cisco Webex, and GoToMeeting. Ten-minute breaks were provided between interviews. After an overview by the program director, applicants were assigned to personal breakout rooms by the program's education manager. At the conclusion of faculty interviews, all applicants were given the opportunity to mingle with current fellows in an informal session.

Benefits of Virtual Interviews: Free and Easy?

Prior to the coronavirus disease 2019 pandemic, fellowship applicants may have traveled around the country to visit training programs while enduring significant costs. A recent study of surgical fellowship candidates found that each candidate saved \$6000 in interview travel expenses (4). Furthermore, a virtual interview eliminates the need for travel and increases flexibility of scheduling for candidates, faculty, and staff. A survey of surgical fellowship candidates found that the ease of interaction with the faculty and current fellow was rated over 80%, and the majority reported that virtual interviews exceeded or met expectations (3). Seventy percent noted little to no effect of not being able to conduct interviews in person. The virtual environment also provides an attractive opportunity for cost-free scheduling of meetings before and after the initial interview day between applicant, faculty, and fellows. It also enables applicants to schedule multiple interviews on consecutive days: for example, with programs in different parts of the country during convenient times in their residency schedules. With a virtual platform, faculty interviewers can meet

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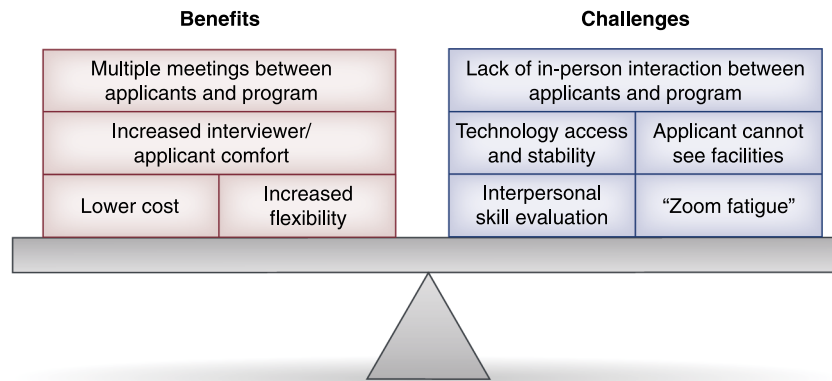


Figure 1. | Benefits and challenges of virtual interviewing for both the nephrology fellowship program and applicant.

with applicants from a location that is convenient for them—office, home, or a quiet room in the clinic between patients—with minimal disruptions. Similarly, virtual platforms allow applicants to attend conferences and didactic sessions that may provide an opportunity to observe interactions between faculty and trainees.

When the Internet Goes Down ... and Other Challenges

The success of the virtual interview hinges upon both the applicant's and the fellowship program host's internet connection, as well as expertise in navigating VCS. Dropped connections can result in truncated or completely halted interview sessions, requiring rescheduling or a skipped encounter. Transmission delays may lead to awkward exchanges or individuals speaking at the same time. These unforeseen difficulties can increase anxiety for both the applicant and interviewer—and affect perceptions by both the applicant and interviewer.

During the interview, subtle gestures made by either the interviewer or applicant may be missed, leading to misinterpretation of tone. Evaluation of a candidate's interpersonal skills may be challenging, and in-person interviews may be more comfortable for some individuals. Furthermore, the virtual space may not allow for either applicant or program to sufficiently assess each other's “vibe.” In addition to virtual interviews, both applicants and interviewers are likely to be engaging in other uses of VCS that may lead to tiredness or anxiety termed “Zoom fatigue” (5).

A tour of a hospital's facilities is often a part of in-person interview days, usually led by current trainees. These tours not only provide the opportunity to see clinical spaces, like clinics, dialysis units, urine microscopy laboratories, workspaces, and cafeterias, but also may provide insight and understanding of a neighborhood that may be unfamiliar to the applicant (6). Applicants may also observe examples of the hospital's operations and safety procedures. One study of radiology residents found that a facilities tour was necessary or considered desirable for 83% of applicants (7). Further, in-person interview days allow for applicants to observe interactions between fellows, faculty, and staff. Similarly, fellowship programs may observe interactions of applicants with others.

Recognizing (Virtual) Implicit Biases

Web-based interview formats may still disproportionately and negatively affect applicants who are socioeconomically disadvantaged or under-represented in medicine (8). Although inexpensive, virtual interviews require that application reviewers pay special attention to systemic biases of their own while assessing talent, ability, and potential. For either virtual or in-person interviews, nephrology fellowship programs and interviewers should receive training in implicit bias and holistic review. Failure to do so may result in biased candidate selection and hamper diversity efforts. Trainees with low-quality web cameras, poor internet access, or loud home environments may be dismissed. We believe residency programs and medical schools should play a key role in facilitating access to these essential tools for trainees who may not have them. Additionally, the virtual platform removes the ability of some applicants to showcase interpersonal and communication skills at social events with current fellows. Providing further support for holistic review—a selection process that considers all of the applicant's experiences and value without overvaluing any one factor—a recent study found that academic performance in medical school (US Licensing Medical Examination Step 1/Step 2 Clinical Knowledge [CK], clerkship grades) was not associated with residency clinical performance on milestones (9). With only a short virtual meeting with an applicant, evaluators may be tempted to focus more on markers of academic performance. Standardized, high-quality recommendations are likely to be of even more importance in the limited virtual setting (10).

The Future: A Hybrid Model

Although virtual interviews and supplementary online materials may replace some portions of the application process, it is clear that not everything can nor should be virtual. Benefits and challenges of virtual interviewing are summarized in Figure 1. For both applicants and fellowship programs, there are benefits to an in-person approach. In a study of anesthesiology residency applicants, 67% opted for in-person interviews when given the option. Reasons cited for selecting web-based interviews were conflict of interview dates between programs, travel concerns, or financial limitations (11). As we navigate the pandemic era with an eye to the future, it is clear that virtual interviews

may become a fixture. With adequate preparation, these sessions can facilitate a well-rounded, informative experience for candidates. Opportunities for in-person meetings should be considered for those applicants who prefer them. However, training programs should remain mindful of equitable access to these extra sessions to not disadvantage applicants who may not have the resources to schedule in-person visits.

Disclosures

K.N. Campbell reports employment with Icahn School of Medicine at Mount Sinai; consultancy agreements with Calliditas, Goldfinch Bio, Mallinckrodt Pharmaceuticals, Travere, and Vertex; receiving research funding from Goldfinch Bio and Mallinckrodt Pharmaceuticals; and serving as a scientific advisor or member of the Medical Advisory Board of the National Kidney Foundation of Greater New York and Nephcure Foundation. S.S. Farouk reports employment with Icahn School of Medicine at Mount Sinai and serving on the editorial boards of *American Journal of Kidney Diseases*, *Clinical Transplantation*, and *Journal of Nephrology*.

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